State of Montana

Department of Labor & Industry



EXPENDITURE REPORT

WORKERS' COMPENSATION REGULATION BUREAU Mail: PO Box 8011 Helena MT 59604-8011 Street: 1805 Prospect Ave Helena MT 59601

Phone: (406) 444-7737 Fax: (406) 444-3465 Email: WCRegBureauQER@mt.gov

Instructions:

General Instructions may be found on the back of this report or at our website http://erd.dli.mt.gov under Workers' Compensation Regulation Bureau, Forms, Expenditure Report.

Insurer Name		DLI #	#:
For The Quarter Ending			
Compensation			
Medical			
Miscellaneous			
Total _\$	_		
Medical in excess of \$200,000 pe		\$	
Reporting Office Name Title/Department Mailing Address			
City		State	Zip Code
Telephone		Ext	
E-mail Address			
Typed Contact Name			
Signatura			

Montana Workers' Compensation Expenditure Report General Instructions

The purpose of the expenditure report is to gather the workers' compensation costs that are paid to claimants and/or on behalf of the claimants during the quarter. The costs are broken down into three categories: (1) compensation benefits paid, (2) medical benefits paid, and (3) miscellaneous benefits paid. Every insurer is required to file the expenditure report with the department (MCA 39-71-306). The reported amounts are gross paid amounts and may not be less than zero.

The DLI Insurer # is the number assigned to the insurer by the Department of Labor & Industry (DLI).

Reproduce the expenditure report as needed. The format may not be altered. Submit separate reports for each insurer. A report must be submitted if there are \$0 expenditures. Reports must be received within 15 days of the end of the quarter. (Quarters end September 30, December 31, March 31 and June 30.) Penalties up to \$1,000 may be assessed for late reports (MCA 39-71-306(2)). Each report must be signed. Reports may be sent to the department by either regular mail, by facsimile, or by email.

COMPENSATION includes all indemnity payments made for the quarter, including indemnity benefits paid under a rehabilitation plan.

MEDICAL includes all hospital, medical, surgical, physical therapy, etc. made for the quarter, including any amounts reimbursable to the insurer under deductible policies.

MISCELLANEOUS may not include any indemnity or medical benefits. Miscellaneous may include attorney fees, rehabilitation services, rehabilitation expenses such as books and tuition, auxiliary rehabilitation, independent medical examinations requested by the insurer, burial expenses, travel expenses, or various other miscellaneous costs paid to or on behalf of the claimant that do not constitute a compensation or medical benefit. Reporting amounts under Miscellaneous is required.

MEDICAL IN EXCESS of \$200,000 PER CLAIM is excluded from the annual assessment. Report excess payments over cumulative threshold amount of \$200,000 per claim paid in this quarter. Example: Payments per one claim 1st quarter is \$250,000, 2nd quarter \$25,000. 1st quarter report medical \$250,000, medical in excess \$50,000. 2nd quarter report medical \$25,000, medical in excess \$25,000.